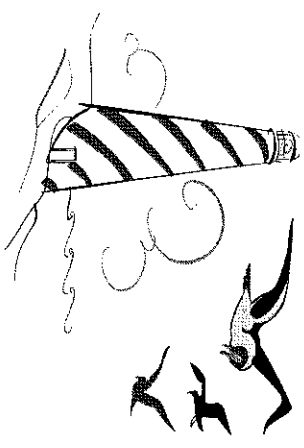


Collier County Association of Educational Office and Classroom Assistant Personnel



Last Name

First Name

Middle Initial

Mailing Address: _____

School/Worksite: _____

ID Number: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Home email address: _____

I authorize the Collier County Association of Educational Office and Classroom Assistant Personnel (CAEOCAP) to initiate the scheduled membership payment each payroll period to coincide with CCPS payroll dates in the amount as annually certified by said Association. If the payment date falls on a date that the bank does not process payments, the payment will be deducted on the next day that the bank does process payment. I agree to maintain sufficient funds in my deposit account to permit the automatic transfer described above.

Account Name (if different than above): _____

Financial Institution Name: _____

Bank Routing Number: _____

Account Number: _____

This authorization shall remain in full force and effect for all purposes while I am employed by this school district or until revoked by me upon thirty (30) days advance written notice to the CAEOCAP. The annual dues payments to the CAEOCAP may be deductible as a miscellaneous deduction for federal income tax purposes.

Employee Signature: _____

Date: _____

Recruiter Signature: _____

Date: _____